

**Fill in this information to identify your case:**

United States Bankruptcy Court for the :

EASTERN District of WISCONSIN  
(State)

Case Number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a *joint case*-and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	<b>Jason</b> First name <b>Mardell</b> Middle name <b>Fields</b> Last name  Suffix (Sr., Jr., II, III)	  First name   Middle name   Last name   Suffix (Sr., Jr., II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	  First name   Middle name   Last name   First name   Middle name   Last name	  First name   Middle name   Last name   First name   Middle name   Last name
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number</b>	XXX - XX - <u>8808</u> OR 9XX - XX - ____	XXX - XX - ____ OR 9XX - XX - ____

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. <b>Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b>  Include trade names and <i>doing business as</i> names	<input checked="" type="checkbox"/> I have not used any business names or EINs.	<input type="checkbox"/> I have not used any business names or EINs.	
	<div>Business name _____ Business name _____ EIN _____ EIN _____</div>	<div>Business name _____ Business name _____ EIN _____ EIN _____</div>	
5. <b>Where you live</b>	<div>25535 W Highland Ave Number Street  Milwaukee WI 53233 City State ZIP Code MILWAUKEE County</div> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <div>_____ Number Street  P.O. Box  City State ZIP Code</div>	<div>_____ Number Street  _____ City State ZIP Code County</div> <p>If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.</p> <div>_____ Number Street  P.O. Box  City State ZIP Code</div>	
	6. <b>Why you are choosing this district to file for bankruptcy.</b>	<p>Check one:</p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408)</p> <div>_____ _____ _____ _____</div>	<p>Check one:</p> <p><input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408)</p> <div>_____ _____ _____ _____</div>

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No
- ☐ Yes. District None When \_\_\_\_\_ Case Number \_\_\_\_\_  
MM / DD / YYYY
- District None When \_\_\_\_\_ Case Number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case Number \_\_\_\_\_  
MM / DD / YYYY
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by affiliate?** ☒ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case Number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case Number, if known \_\_\_\_\_  
MM / DD / YYYY
11. **Do you rent your residence?** ☐ No. Go to line 12
- ☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

- ☒ No.  
☐ Yes. What is the hazard? \_\_\_\_\_

\_\_\_\_\_  
If immediate attention is needed, why is it needed? \_\_\_\_\_

\_\_\_\_\_  
Where is the property?

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State ZIP Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6:** Answer These Questions for Reporting Purposes

<b>16. What kind of debts do you have?</b>	<b>16a. Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	<b>16b. Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.		
	<b>16c.</b> State the type of debts you owe that are not consumer debts or business debts. _____		
<b>17. Are you filing under Chapter 7?</b>  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.		
<b>18. How many creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<b>19. How much do you estimate your assets to be worth?</b>	<input checked="" type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion
<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7:** Sign Below

<b>For you</b>	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p>		
	<b>X</b> <u>/s/ Jason Mardell Fields</u> Signature of Debtor 1	<b>X</b> _____ Signature of Debtor 2	
	Executed on <u>09/16/2016</u> MM / DD / YYYY	Executed on _____ MM / DD / YYYY	

**For your attorney, if you are represented by one**

**if you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Alexander Edward George Date Date: 09/20/2016  
Signature of Attorney for Debtor MM / DD / YYYY

Alexander Edward George  
Printed name

Geraci Law L.L.C.  
Firm name

55 E. Monroe St., #3400  
Number Street

Chicago IL 60603  
City State ZIP Code

Contact Phone 312-332-1800 Email address wal@geracilaw.com

1091339 WI  
Bar number State

**Fill in this information to identify your case:**

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN District of WISCONSIN  
(State)

Case Number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* ..... \$ 0
- 1b. Copy line 62, Total personal property, from *Schedule A/B* ..... \$ 6,014
- 1c. Copy line 63, Total of all property on *Schedule A/B* ..... \$ 6,014

#### Part 2: Summarize Your Liabilities

##### Your liabilities Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$0
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$2,800
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... \$271,594

#### Part 3: Summarize Your Liabilities

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* ..... \$1,120.00
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* ..... \$1,529.00



**Entries**  
Description

AssetsAmount LiabilitiesAmount

**Part 4:** Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapter 7, 11 or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 1,100.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 of Schedule E/F, copy the following:**

- 9a. Domestic support obligations (Copy line 6a.) \$ 0.00
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00
- 9d. Student loans. (Copy line 6f.) \$ 46,017.00
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 0.00
- 9g. **Total.** Add lines 9a through 9f. \$ 46,017.00

Fill in this information to identify your case and this filing:

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN District of WISCONSIN  
(State)

Case Number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

01. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☒ No.

☐ Yes. Describe.....

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages

you have attached for Part 1. Write that number here ..... -->

\$0.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

03. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☒ No.

☐ Yes. Describe.....

04. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No.

☐ Yes. Describe.....

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages

you have attached for Part 2. Write that number here ..... -->

\$ 0.00

#### Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions

06. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☒ No.

☐ Yes. Describe.....

\$ 0.00

07. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No.

☒ Yes. Describe.....

laptop, cell phone

\$500

\$ 500.00

08. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No.

☐ Yes. Describe.....

\$ 0.00

09. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No.

☐ Yes. Describe.....

\$ 0.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No.

☐ Yes. Describe.....

\$ 0.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No.

☒ Yes. Describe.....

Everyday clothes, suits, shoes, accessories

\$1,000

\$ 1,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No.

☒ Yes. Describe.....

Everyday jewelry

\$20

\$ 20.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No.

☐ Yes. Describe.....

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No.

☐ Yes. Describe.....

\$ 0.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here -->

\$1,520.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No.

☐ Yes. Describe.....

\$ 0.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No.

☒ Yes. Describe.....

Account Type:

Institution name:

Checking Account

Wells Fargo

\$ 15.00

Savings Account

Wells Fargo

\$ 25.00

Checking Account

Wells Fargo

\$ 600.00

\$ 640.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No.

☒ Yes. Describe.....

Institution or issuer name:

Foreign Currency Exchange

\$ 125.00

\$ 125.00

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in**

☐ No.

☒ Yes. Describe..... Name of Entity and Percent of Ownership:

Global Ex, LLC

\$ 0.00

\$ 0.00

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No.

☐ Yes. Describe..... Issuer name:

\$ 0.00

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No.

☒ Yes. Describe..... Type of account and Institution name:

IRA

Trade King

\$ 100.00

\$ 100.00

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications

☐ No.

☒ Yes. Describe..... Institution name or individual:

Security deposit on rental unit

Landlord

\$ 629.00

\$ 629.00

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

☒ No.

☐ Yes. Describe..... Issuer name and description:

\$ 0.00

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No.

☐ Yes. Describe..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ 0.00

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers**

☒ No.

☐ Yes. Describe.....

\$ 0.00

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No.

☐ Yes. Describe.....

\$ 0.00

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No.

☐ Yes. Describe.....

\$ 0.00

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions

**28. Tax refunds owed to you**

☐ No.

☒ Yes. Describe.....

Anticipates owing for 2016

\$0

\$ 0.00

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No.

☐ Yes. Describe.....

\$ 0.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No.

☐ Yes. Describe.....

\$ 0.00

31. Interest in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No.

Company Name & Beneficiary:

☐ Yes. Describe.....

\$ 0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No.

☐ Yes. Describe.....

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No.

☐ Yes. Describe.....

\$ 0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights

☒ No.

☐ Yes. Describe.....

\$ 0.00

35. Any financial assets you did not already list

☒ No.

☐ Yes. Describe.....

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

for Part 4. Write that number here -->

\$1,494.00

Part 5:

Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No.

☐ Yes.

Current value of the portion you own?

Do not deduct secured claims or exemptions

38. Accounts receivable or commissions you already earned

☐ No.

☒ Yes. Describe.....

Accounts receivable owed for Global Ex, LLC

\$3,000

\$ 3,000.00

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No.

☐ Yes. Describe.....

\$ 0.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No.

☐ Yes. Describe.....

\$ 0.00

41. Inventory

☒ No.

☐ Yes. Describe.....

\$ 0.00

42. Interests in partnerships or joint ventures

☒ No.

Name of Entity and Percent of Ownership:

☐ Yes. Describe.....

\$ 0.00

43. Customer lists, mailing lists, or other compilations

☒ No.

☐ Yes. Describe.....

\$ 0.00

44. Any business-related property you did not already list

☒ No.

☐ Yes. Describe.....

\$ 0.00

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached

for Part 5. Write that number here -->

\$ 3000.00

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No.

☐ Yes. Describe.....

\$ 0.00

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No.

☐ Yes. Describe.....

\$ 0.00

48. Crops—either growing or harvested

☒ No.

☐ Yes. Describe.....

\$ 0.00

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No.

☐ Yes. Describe.....

\$ 0.00

50. Farm and fishing supplies, chemicals, and feed

☒ No.

☐ Yes. Describe.....

\$ 0.00

51. Any farm- and commercial fishing-related property you did not already list

☒ No.

☐ Yes. Describe.....

\$ 0.00

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

for Part 6. Write that number here -->

\$0.00

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No.

☐ Yes. Describe.....

\$ 0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here -->

\$0.00

**Part 8:**    **List the Totals of Each Part of this Form**

55. <b>Part 1: Total real estate, line 2</b>		<div>\$ 0.00</div>
56. <b>Part 2: Total vehicles, line 5</b>	<div>\$ 0.00</div>	
57. <b>Part 3: Total personal and household items, line 15</b>	<div>\$ 1,520.00</div>	
58. <b>Part 4: Total financial assets, line 36</b>	<div>\$ 1,494.00</div>	
59. <b>Part 5: Total business-related property, line 45</b>	<div>\$ 3,000.00</div>	
60. <b>Part 6: Total farm- and fishing-related property, line 52</b>	<div>\$ 0.00</div>	
61. <b>Part 7: Total other property not listed, line 54</b>	<div>\$ 0.00</div>	
62. <b>Total personal property.</b> Add lines 56 through 61. ....	<div>\$ 6,014.00</div>	<div>\$ 6,014.00</div>
63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62		<div><b>\$6,014.00</b></div>

**Fill in this information to identify your case:**

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN District of WISCONSIN  
(State)

Case Number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>laptop, cell phone</u>  Line from Schedule A/B: <u>07</u>	\$ <u>500</u>	<input type="checkbox"/> \$ _____  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC &amp; 522(d)(3) - \$500.00</u> _____ _____
Brief description: <u>Everyday clothes, suits, shoes, accessories</u>  Line from Schedule A/B: <u>11</u>	\$ <u>1,000</u>	<input type="checkbox"/> \$ _____  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC &amp; 522(d)(3) - \$1,000.00</u> _____ _____
Brief description: <u>Everyday jewelry</u>  Line from Schedule A/B: <u>12</u>	\$ <u>20</u>	<input type="checkbox"/> \$ _____  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC &amp; 522(d)(4) - \$20.00</u> _____ _____
Brief description: <u>Checking Account, Wells Fargo, 15.00</u>  Line from Schedule A/B: <u>17</u>	\$ <u>15</u>	<input type="checkbox"/> \$ _____  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC &amp; 522(d)(5) - \$15.00</u> _____ _____



**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Savings Account, Wells Fargo, 25.00	\$ 25	<input type="checkbox"/> \$ _____	11 USC & 522(d)(5) - \$25.00
Line from Schedule A/B:	17		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Checking Account, Wells Fargo, 600.00	\$ 600	<input type="checkbox"/> \$ _____	11 USC & 522(d)(5) - \$600.00
Line from Schedule A/B:	17		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Foreign Currency Exchange, 125.00	\$ 125	<input type="checkbox"/> \$ _____	11 USC & 522(d)(5) - \$125.00
Line from Schedule A/B:	18		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Global Ex, LLC, 0.00 - sole proprietor	\$ 0	<input type="checkbox"/> \$ _____	11 USC & 522(d)(5) - \$0.00
Line from Schedule A/B:	19		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	IRA, Trade King, 100.00	\$ 100	<input type="checkbox"/> \$ _____	11 U.S.C. 522(d)(12) - \$100.00
Line from Schedule A/B:	21		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Security deposit on rental unit, Landlord, 629.00	\$ 629	<input type="checkbox"/> \$ _____	11 USC & 522(d)(5) - \$629.00
Line from Schedule A/B:	22		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Anticipates owing for 2016	\$ 0	<input type="checkbox"/> \$ _____	11 USC & 522(d)(5) - \$0.00
Line from Schedule A/B:	28		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Accounts receivable owed for Global Ex, LLC	\$ 3,000	<input type="checkbox"/> \$ _____	11 USC & 522(d)(5) - \$3,000.00
Line from Schedule A/B:	38		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**3. Are you claiming a homestead exemption of more than \$155,675?**

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .)

☒ No.

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes.

**Fill in this information to identify your case:**

Debtor 1	<u>Jason</u>	<u>Mardell</u>	<u>Fields</u>
	First Name	Middle Name	Last Name
Debtor 2	<u></u>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>EASTERN</u> District of <u>WISCONSIN</u>			
			(State)
Case Number	<u></u>		
(If known)			

Official Form 106D

## 12/15

1. Do any creditors have claims secured by your property?

☐ Yes. Fill in all of the information below.

<p><b>2. List all secured claims.</b> If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditors name.</p>	<p><i>Column A</i></p> <p><b>Amount of claim</b></p> <p>Do not deduct the value of collateral</p>	<p><i>Column A</i></p> <p><b>Value of collateral that supports this claim</b></p>	<p><i>Column C</i></p> <p><b>Unsecured portion</b></p> <p>If any</p>
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Official Form 106D

Record # 717815

### Schedule D: Creditors Who Have Claims Secured by Property

Page 1 of 1

Fill in this information to identify your case:

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN District of WISCONSIN  
(State)

Case Number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1:** List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<b>2.1</b> IRS Priority Debt Creditor's Name <u>PO Box 7346</u> Number _____ Street _____ Philadelphia PA 19101 City State Zip Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$ <u>2,800.00</u>	When was the debt incurred? <u>2014-2015</u> \$ <u>2,800.00</u>	\$ <u>0.00</u>

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

**Part 1: Your PRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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2.2	Wisconsin Dept. of Revenue Creditor's Name PO Box 8901 Number Street  Madison WI 53708-8901 <small>City State Zip Code</small> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____	\$ 0.00 \$ 0.00 \$ 0.00
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**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Alliance Collection AG Creditor's Name 3916 S Business Park Ave Number Street  Marshfield WI 54449 <small>City State Zip Code</small> Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0414</u> When was the debt incurred? <u>2012-2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	Total claim \$ 50.00
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**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.2</b>	Alliance Collection AG <hr/> <small>Creditor's Name</small> 3916 S Business Park Ave <hr/> <small>Number Street</small> <hr/> <hr/> Marshfield WI 54449 <small>City State Zip Code</small>	Last 4 digits of account number <u>2017</u> <hr/> When was the debt incurred? <u>2012-2012</u> <hr/>	\$ <u>52.00</u> <hr/>
<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
<b>4.3</b>	Alliance Collection AG <hr/> <small>Creditor's Name</small> 3916 S Business Park Ave <hr/> <small>Number Street</small> <hr/> <hr/> Marshfield WI 54449 <small>City State Zip Code</small>	Last 4 digits of account number <u>1400</u> <hr/> When was the debt incurred? <u>2013-2013</u> <hr/>	\$ <u>55.00</u> <hr/>
<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
<b>4.4</b>	Alliance Collection AG <hr/> <small>Creditor's Name</small> 3916 S Business Park Ave <hr/> <small>Number Street</small> <hr/> <hr/> Marshfield WI 54449 <small>City State Zip Code</small>	Last 4 digits of account number <u>2874</u> <hr/> When was the debt incurred? <u>2015-2015</u> <hr/>	\$ <u>613.00</u> <hr/>
<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.5</b>	Alliance Collection AG Creditor's Name 3916 S Business Park Ave Number                      Street  Marshfield                      WI                      54449 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number                      0232  When was the debt incurred?                      2015-2015  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify                      Medical Debt	<b>\$ 881.00</b>
<b>4.6</b>	Alliance Collection AG Creditor's Name 3916 S Business Park Ave Number                      Street  Marshfield                      WI                      54449 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number                      3791  When was the debt incurred?                      2015-2015  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify                      Medical Debt	<b>\$ 1,139.00</b>
<b>4.7</b>	Alliance Collection AG Creditor's Name 3916 S Business Park Ave Number                      Street  Marshfield                      WI                      54449 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number                      8380  When was the debt incurred?                      2015-2015  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify                      Medical Debt	<b>\$ 4,240.00</b>

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.8</b>	Alliance Collection AG Creditor's Name 3916 S Business Park Ave Number                      Street  Marshfield                      WI                      54449 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number                      7914  When was the debt incurred?                      2015-2015  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify                      Medical Debt	<b>\$ 4,923.00</b>
<b>4.9</b>	Alliance Collection AG Creditor's Name 3916 S Business Park Ave Number                      Street  Marshfield                      WI                      54449 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number                      7740  When was the debt incurred?                      2015-2015  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify                      Medical Debt	<b>\$ 7,594.00</b>
<b>4.10</b>	Americollect INC Creditor's Name Po Box 1566 Number                      Street  Manitowoc                      WI                      54221 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number                      784A  When was the debt incurred?                      2012-2012  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify                      Medical Debt	<b>\$ 382.00</b>

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.11</b>	Americollect INC Creditor's Name Po Box 1566 Number Street  Manitowoc WI 54221 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0082  When was the debt incurred? 2016-2016  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 456.00
<b>4.12</b>	Americollect INC Creditor's Name Po Box 1566 Number Street  Manitowoc WI 54221 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3632  When was the debt incurred? 2012-2012  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 809.00
<b>4.13</b>	Americollect INC Creditor's Name Po Box 1566 Number Street  Manitowoc WI 54221 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0504  When was the debt incurred? 2015-2015  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 25,605.00



**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

4.14	<p>AT&amp;T</p> <p>Creditor's Name PO Box 6416</p> <p>Number Street</p> <p>Carol Stream IL 60197</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Utility Bills/Cellular Service</p>	\$ 226.00
4.15	<p>Aurora Health Care</p> <p>Creditor's Name PO Box 341700</p> <p>Number Street</p> <p>Milwaukee WI 53234</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical/Dental Services</p>	\$ 6,253.00
4.16	<p>Aurora Medical Group</p> <p>Creditor's Name PO Box 341457</p> <p>Number Street</p> <p>Milwaukee WI 53234</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical/Dental Services</p>	\$ 200.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.17	Aurora Psychiatric Hospital Creditor's Name 1220 Dewey Ave. Number Street Milwaukee WI 53213 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$ 6,523.00
4.18	BANK OF NY ELT Collegiate FUND Creditor's Name Po Box 7860 Number Street Madison WI 53707 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7777 When was the debt incurred? 2013-2012 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 7,035.00
4.19	BANK OF NY ELT Collegiate FUND Creditor's Name Po Box 7860 Number Street Madison WI 53707 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7777 When was the debt incurred? 2013-2012 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 18,525.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.20</b>	Cardinal Stritch University Creditor's Name 6801 N Yates Rd Number                      Street  Milwaukee                      WI                      53217 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 1,365.00</b>
<b>4.21</b>	Cedar Creek Family Counseling Inc. Creditor's Name 9910 W Layton Ave. Number                      Street  Ste 2  Greenfield                      WI                      53228 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 737.00</b>
<b>4.22</b>	Central Credit Service Creditor's Name 9550 Regency Square Blvd Number                      Street  Jacksonville                      FL                      32225 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4936</u>  When was the debt incurred? <u>2016-2016</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	<b>\$ 508.00</b>

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.23	City of Milwaukee Creditor's Name 4001 S. 6th St. Number Street  Milwaukee WI 53221 City State Zip Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 375.00
4.24	Columbia - St. Mary's Creditor's Name 2323 N. Lake Dr. Number Street  Milwaukee WI 53211 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical/Dental Services	\$ 348.00
4.25	Commonwealth Financial Creditor's Name 245 Main St Number Street  Dickson City PA 18519 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 17N1 When was the debt incurred? 2016-2016  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 51.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.26	Credit Acceptance	Last 4 digits of account number 6138	\$ 4,614.00
	Creditor's Name 25505 W 12 Mile Rd	When was the debt incurred? 2011-03-07	
	Number Street		
	Southfield MI 48037		
	City State Zip Code		
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim relates to a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify _____	
4.27	Dental Associates, LTD	Last 4 digits of account number	\$ 200.00
	Creditor's Name 11711 W. Burleigh St.	When was the debt incurred?	
	Number Street		
	Wauwatosa WI 53222		
	City State Zip Code		
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim relates to a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify _____	
4.28	DISH Network	Last 4 digits of account number 3540	\$ 126.00
	Creditor's Name 1327 Hwy 2 W	When was the debt incurred? 2015-2015	
	Number Street		
	Kalispell MT 59901		
	City State Zip Code		
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim relates to a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify Collecting for Creditor	

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

4.29	Emergency Med Spec. Creditor's Name PO Box 320930 Number Street  Franklin WI 53132 City State Zip Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 456.00
4.30	ERMED SC Creditor's Name PO Box 78012 Number Street  Milwaukee WI 53278 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify Medical Debt	\$ 456.00
4.31	Froedtert Memorial Hospital Creditor's Name PO Box 9030 Number Street  Menomonee Falls WI 53052 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 25,604.00



**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.35</b>	<u>Ipdcrdnl Strtch Milwaukee</u> Creditor's Name <u>730 W Hampden Ave Ste 30</u> Number Street  <u>Englewood CO 80110</u> City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6WZS</u>  <b>When was the debt incurred?</b> <u>2012-2012</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u>	<b>\$ 1,516.00</b>
<b>4.36</b>	<u>Legacy BANK</u> Creditor's Name <u>2102 W Fond Du Lac Ave</u> Number Street  <u>Milwaukee WI 53206</u> City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0708</u>  <b>When was the debt incurred?</b> <u>2008-2012</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 0.00</b>
<b>4.37</b>	<u>Lutheran Counseling and Family Services</u> Creditor's Name <u>PO Box 209</u> Number Street  <u>Nashotah WI 53058</u> City State Zip Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 10.00</b>



**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.38</b>	Medical College of Wisconsin Creditor's Name PO Box 13308 Number Street  Milwaukee WI 53213-0308 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical/Dental Services	<b>\$ 200.00</b>
<b>4.39</b>	Milwaukee City Creditor's Name 200 E Wells St Number Street  Milwaukee WI 53202 City State Zip Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Extended to Debtor(S)	<b>\$ 1,645.00</b>
<b>4.40</b>	Nationwide Credit Creditor's Name 5503 Cherokee Ave. Number Street  Alexandria VA 22312 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 843.00</b>

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.41	North Shore Fire Dept. Creditor's Name P.O. Box 1408 Number Street  Racine WI 53401 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$ 1,261.00
4.42	North Shore Municipal Court-Brown Deer Creditor's Name 4800 W Green Brook Dr. Number Street  Brown Deer WI 53223 City State Zip Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$ 410.00
4.43	Ozaukee Medical Center Creditor's Name 407 N. Main St. Number Street  Thiensville WI 53092 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$ 326.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.44</b>	Ozaukee Medical Group Creditor's Name PO Box 100 Number                      Street  Beaver Dam                      WI                      53916 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 100.00</b>
<b>4.45</b>	Professional Placement Creditor's Name 272 N 12Th St Number                      Street  Milwaukee                      WI                      53233 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9678</u>  When was the debt incurred? <u>2015-2015</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	<b>\$ 6,523.00</b>
<b>4.46</b>	Progressive Insurance Creditor's Name 6300 Wilson Mills Rd Number                      Street  Mayfield Village                      OH                      44143 City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Services Rendered</u>	<b>\$ 272.00</b>

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.47</b>	Seaway BANK & Trust CO Creditor's Name 645 E 87Th St Number Street  Chicago IL 60619 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0040  When was the debt incurred? 2008-2012  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$ 99,575.00
<b>4.48</b>	Sprint Creditor's Name 8014 Bayberry Rd Number Street  Jacksonville FL 32256 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8924  When was the debt incurred? 2015-2015  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for Creditor	\$ 1,029.00
<b>4.49</b>	State Collection Servi Creditor's Name 2509 S Stoughton Rd Number Street  Madison WI 53716 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6488  When was the debt incurred? 2014-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 51.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.50</b>	State Collection Servi <hr/> Creditor's Name 2509 S Stoughton Rd <hr/> Number Street <hr/> Madison WI 53716 <small>City State Zip Code</small>	Last 4 digits of account number <u>6490</u> <hr/> When was the debt incurred? <u>2014-2014</u> <hr/>	\$ <u>58.00</u> <hr/>
<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
<b>4.51</b>	State Collection Servi <hr/> Creditor's Name 2509 S Stoughton Rd <hr/> Number Street <hr/> Madison WI 53716 <small>City State Zip Code</small>	Last 4 digits of account number <u>6493</u> <hr/> When was the debt incurred? <u>2014-2014</u> <hr/>	\$ <u>194.00</u> <hr/>
<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			
<b>4.52</b>	State Collection Servi <hr/> Creditor's Name 2509 S Stoughton Rd <hr/> Number Street <hr/> Madison WI 53716 <small>City State Zip Code</small>	Last 4 digits of account number <u>8877</u> <hr/> When was the debt incurred? <u>2012-2012</u> <hr/>	\$ <u>323.00</u> <hr/>
<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u></p>			

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.53</b>	State Collection Servi <hr/> Creditor's Name 2509 S Stoughton Rd <hr/> Number Street <hr/> Madison WI 53716 <small>City State Zip Code</small>	Last 4 digits of account number <u>6484</u> <hr/> When was the debt incurred? <u>2014-2014</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	\$ <u>348.00</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.54</b>	State Collection Servi <hr/> Creditor's Name 2509 S Stoughton Rd <hr/> Number Street <hr/> Madison WI 53716 <small>City State Zip Code</small>	Last 4 digits of account number <u>6492</u> <hr/> When was the debt incurred? <u>2014-2014</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	\$ <u>414.00</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.55</b>	State Collection Servi <hr/> Creditor's Name 2509 S Stoughton Rd <hr/> Number Street <hr/> Madison WI 53716 <small>City State Zip Code</small>	Last 4 digits of account number <u>6483</u> <hr/> When was the debt incurred? <u>2014-2014</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	\$ <u>588.00</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.56</b>	State Collection Servi Creditor's Name 2509 S Stoughton Rd Number Street  Madison WI 53716 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6491  When was the debt incurred? 2014-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 600.00
<b>4.57</b>	State Collection Servi Creditor's Name 2509 S Stoughton Rd Number Street  Madison WI 53716 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6489  When was the debt incurred? 2014-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$ 958.00
<b>4.58</b>	State of Wisconsin Creditor's Name Courthouse Room 1000 Number Street 215 S Hamilton St.  Madison WI 53703 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number  When was the debt incurred?  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 200.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.59</b>	<u>The Stark Agency</u> Creditor's Name <u>P.O. Box 45710</u> Number                      Street  <u>Madison</u> <u>WI</u> <u>53744</u> City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 201.00</b>
<b>4.60</b>	<u>U S DEPT OF ED/GSL/ATL</u> Creditor's Name <u>Po Box 4222</u> Number                      Street  <u>Iowa City</u> <u>IA</u> <u>52244</u> City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1996</u>  <b>When was the debt incurred?</b> <u>2011-2014</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$ 48.00</b>
<b>4.61</b>	<u>U S DEPT OF ED/GSL/ATL</u> Creditor's Name <u>Po Box 4222</u> Number                      Street  <u>Iowa City</u> <u>IA</u> <u>52244</u> City                      State                      Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>2008</u>  <b>When was the debt incurred?</b> <u>2009-2014</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$ 418.00</b>



**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.62</b>	<u>U S DEPT OF ED/GSL/ATL</u> <small>Creditor's Name</small> <u>Po Box 4222</u> <small>Number Street</small>  <u>Iowa City</u> <u>IA</u> <u>52244</u> <small>City State Zip Code</small>	<b>Last 4 digits of account number</b> <u>8412</u>  <b>When was the debt incurred?</b> <u>2008-2014</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____	<b>\$ 540.00</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.63</b>	<u>U S DEPT OF ED/GSL/ATL</u> <small>Creditor's Name</small> <u>Po Box 4222</u> <small>Number Street</small>  <u>Iowa City</u> <u>IA</u> <u>52244</u> <small>City State Zip Code</small>	<b>Last 4 digits of account number</b> <u>2878</u>  <b>When was the debt incurred?</b> <u>2011-2014</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____	<b>\$ 1,002.00</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.64</b>	<u>U S DEPT OF ED/GSL/ATL</u> <small>Creditor's Name</small> <u>Po Box 4222</u> <small>Number Street</small>  <u>Iowa City</u> <u>IA</u> <u>52244</u> <small>City State Zip Code</small>	<b>Last 4 digits of account number</b> <u>2013</u>  <b>When was the debt incurred?</b> <u>2009-2014</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____	<b>\$ 1,251.00</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.65</b>	U S DEPT OF ED/GSL/ATL Creditor's Name Po Box 4222 Number Street  Iowa City IA 52244 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2001 When was the debt incurred? 2008-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 1,260.00
<b>4.66</b>	U S DEPT OF ED/GSL/ATL Creditor's Name Po Box 4222 Number Street  Iowa City IA 52244 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2016 When was the debt incurred? 2009-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 1,659.00
<b>4.67</b>	U S DEPT OF ED/GSL/ATL Creditor's Name Po Box 4222 Number Street  Iowa City IA 52244 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2020 When was the debt incurred? 2010-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 2,065.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.68</b>	U S DEPT OF ED/GSL/ATL Creditor's Name Po Box 4222 Number Street  Iowa City IA 52244 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8421  When was the debt incurred? 2009-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 2,192.00
<b>4.69</b>	U S DEPT OF ED/GSL/ATL Creditor's Name Po Box 4222 Number Street  Iowa City IA 52244 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2876  When was the debt incurred? 2010-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 2,203.00
<b>4.70</b>	U S DEPT OF ED/GSL/ATL Creditor's Name Po Box 4222 Number Street  Iowa City IA 52244 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8432  When was the debt incurred? 2009-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 2,665.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.71</b>	U S DEPT OF ED/GSL/ATL Creditor's Name Po Box 4222 Number Street  Iowa City IA 52244 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8427  When was the debt incurred? 2010-2014  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$ 5,154.00
<b>4.72</b>	Unique National Collections Creditor's Name 119 E. Maple St. Number Street  Jeffersonville IN 47130-3439 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card or Credit Use	\$ 293.00
<b>4.73</b>	Verizon Wireless Creditor's Name P.O. Box 26055 Number Street  Minneapolis MN 55426 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$ 545.00

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.74</b>	Virtuoso Sourcing GROU <hr/> Creditor's Name 4500 E Cherry Creek Sout <hr/> Number Street <hr/> Denver CO 80246 <hr/> City State Zip Code	Last 4 digits of account number <u>7262</u> <hr/> When was the debt incurred? <u>2014-2014</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	\$ <u>348.00</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.75</b>	WE Energies <hr/> Creditor's Name 333 W. Everett Street <hr/> Number Street  Room A130 <hr/> Milwaukee WI 53203 <hr/> City State Zip Code	Last 4 digits of account number _____ <hr/> When was the debt incurred? _____ <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Utility Bills/Cellular Service</u>	\$ <u>0.00</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.76</b>	WE Energies 2014 Batch <hr/> Creditor's Name 3327 Douglas Ave <hr/> Number Street <hr/>  Racine WI 53402 <hr/> City State Zip Code	Last 4 digits of account number <u>0061</u> <hr/> When was the debt incurred? <u>2016-2016</u> <hr/> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u>	\$ <u>2,461.00</u>
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total Claim**

<b>4.77</b>	<b>WFDS</b> Creditor's Name D1644-01V Thomas Langston Rd. Number Street  Winterville NC 28590 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 7,605.00</b>
<b>4.78</b>	<b>Wheaton Franciscan Med. Group</b> Creditor's Name PO Box 68-9711 Number Street  Milwaukee WI 53268 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Services</u>	<b>\$ 231.00</b>
<b>4.79</b>	<b>Wisconsin Ignition Device Inc.</b> Creditor's Name 2081 S. 55th St. Number Street  West Allis WI 53219 City State Zip Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$ 318.00</b>

4.80

First Name Middle Name  
**Wisconsin Radiology Specialists**

Last 4 digits of account number \_\_\_\_\_

\$ 672.00

Creditor's Name  
500 W. Brown Deer Rd., Ste. 202

---

Number	Street
--------	--------

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Milwaukee	WI	53217
City	State	Zip Code

**Who owes the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Is the claim subject to offest?**

☒ No  
☐ Yes

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified for a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AFNI

Name  
PO Box 3097

Number Street

Bloomington IL 61702

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 14 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Professional Placement Svcs.

Name  
PO Box 612

Number Street

Milwaukee WI 53201-061:

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 17 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Central Credit Services Inc.

Name  
PO Box 15118

Number Street

Jacksonville FL 32239

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 24 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Milwaukee County Circuit Court

Name  
901 N. 9th ST.

Number Street

Milwaukee WI 53233

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 26 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6138

Kohn Law Firm

Name  
735 N Water St. Ste 1300

Number Street

Milwaukee WI 53202

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 26 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6138

Eagle Collection Corp

Name  
749 W Wisconsin Ave

Number Street

Pewaukee WI 53072

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 30 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_



First Name

Middle Name

Last Name

## Optimum Outcomes

Name

P.O. Box 58015

Number

Street

On which entry in Part 1 or Part 2 list the original creditor?

Line 31 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Raleigh

NC 27658

Last 4 digits of account number \_\_\_\_\_

City

State Zip Code

## Performant National Processing

Name

PO Box 9054

Number

Street

On which entry in Part 1 or Part 2 list the original creditor?

Line 32 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Pleasanton

CA 94566

Last 4 digits of account number \_\_\_\_\_

City

State Zip Code

## Nat'l Bond &amp; Collection Assoc.

Name

150 Welles St.

Number

Street

On which entry in Part 1 or Part 2 list the original creditor?

Line 34 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Pringle

PA 18704

Last 4 digits of account number \_\_\_\_\_

City

State Zip Code

## Milwaukee County Circuit Court

Name

901 N. 9th ST.

Number

Street

On which entry in Part 1 or Part 2 list the original creditor?

Line 39 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Milwaukee

WI 53233

Last 4 digits of account number \_\_\_\_\_

City

State Zip Code

## North Shore Fire Dept.

Name

9401 W Brown Deer Rd.

Number

Street

Ste 101

On which entry in Part 1 or Part 2 list the original creditor?

Line 41 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Milwaukee

WI 53224

Last 4 digits of account number \_\_\_\_\_

City

State Zip Code

## Fuchs &amp; Boyle, SC

Name

1233 N Mayfair Road

Number

Street

On which entry in Part 1 or Part 2 list the original creditor?

Line 42 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Wauwatosa

WI 53226

Last 4 digits of account number \_\_\_\_\_

City

State Zip Code

## Bonded Collectors

Name

228 S Spring St.

Number

Street

On which entry in Part 1 or Part 2 list the original creditor?

Line 43 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Beaver Dam

WI 53916

Last 4 digits of account number \_\_\_\_\_

City

State Zip Code

First Name

Middle Name

Last Name

## Credit Collection Services

Name

P.O. Box 607

Number

Street

Norwood

MA 02062

City

State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 46 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## Milwaukee County Circuit Court

Name

901 N. 9th ST.

Number

Street

Milwaukee

WI 53233

City

State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 47 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0040

## Hanson &amp; Payne LLC

Name

740 N James Lovell St

Number

Street

Milwaukee

WI 53233

City

State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 47 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0040

## Convergent Healthcare Rec.

Name

PO Box 805184, Dept. 0102

Number

Street

Kansas City

MO 64180

City

State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 78 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## OAC

Name

PO Box 371100

Number

Street

Milwaukee

WI 53237

City

State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 80 of (Check one):☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4:** Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
 Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and Certain other debts you owe the government	6b.	\$ 2,800.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$ 2,800.00

			Total claim
Total claims from Part 2	6f. Student loans	6f.	\$ 46,017.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 225,577.00
	6j. Total. Add lines 6f through 6i.	6j.	\$ 271,594.00

Fill in this information to identify your case:

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN District of WISCONSIN  
(State)

Case Number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed in *Schedule A/B: Property* (Official Form 106A/B)

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State Zip Code</p>	
2.2	<p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State Zip Code</p>	
2.3	<p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State Zip Code</p>	
2.4	<p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State Zip Code</p>	
2.5	<p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State Zip Code</p>	

Fill in this information to identify your case:

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN District of WISCONSIN  
(State)

Case Number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No.

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☒ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse or legal equivalent

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN DISTRICT OF WISCONSIN

Case Number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

**Official Form 106I**

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

	Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information		
If you have more than one job, attach a separate page with information about additional employers.		
<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.		
<b>Occupation</b>	<u>Consultant</u>	
Occupation may include student or homemaker, if it applies.		
<b>Employers name</b>	<u>Global Ex, LLC (sole proprietor)</u>	
<b>Employers address</b>	_____ _____ _____	_____ _____ _____
<b>How long employed there?</b>	<u>4 years</u>	

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<u>\$0.00</u>	<u>\$0.00</u>
3. <b>Estimate and list monthly overtime pay.</b>	<u>\$0.00</u>	<u>\$0.00</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	<b>\$0.00</b>	<b>\$0.00</b>

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here .....	4. <b>\$0.00</b>	<b>\$0.00</b>	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	\$0.00	
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00	
5e. Insurance	5e. \$0.00	\$0.00	
5f. Domestic support obligations	5f. \$0.00	\$0.00	
5g. Union dues	5g. \$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. \$0.00	\$0.00	
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00	\$0.00	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <b>\$0.00</b>	<b>\$0.00</b>	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$1,120.00	\$0.00	
8b. Interest and dividends	8b. \$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$0.00	\$0.00	
8e. Social Security	8e. \$0.00	\$0.00	
8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00	
8g. Pension or retirement income	8g. \$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. \$0.00	\$0.00	
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$1,120.00	\$0.00	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$1,120.00</b>	+ <b>\$0.00</b> =	<b>\$1,120.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			11. \$0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. <b>\$1,120.00</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>  <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			

United States Bankruptcy Court  
Eastern District of Wisconsin, Milwaukee Division

IN RE:

Jason M. Fields

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (Note: ONLY INCLUDE information directly related to the business operation.)

**PART A – GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS**

1. Gross income For 12 Months Prior to Filing:

\$ \_\_\_\_\_

**PART B – ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME**

2. Gross Monthly Income:

\$ 2000

**PART C – ESTIMATED FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor)
4. Payroll Taxes
5. Unemployment Taxes
6. Worker's Compensation
7. Other Taxes
8. Inventory Purchases (Including raw materials)
9. Purchase of Feed/Fertilizer/Seed/Spray
10. Rent (Other than debtor's principal residence)
11. Utilities
12. Office Expenses and Supplies
13. Repairs and Maintenance
14. Vehicle Expenses
15. Travel and Entertainment
16. Equipment and Rental Leases
17. Legal/Accounting/Other Professional Fees
18. Insurance
19. Employee Benefits (e.g., pension, medical, etc.)
20. Payments to be Made Directly by Debtor to Secured Creditors  
For Pre-Petition Business Debts (Specify):

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 430  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

21. Other (Specify):

Food

\$ 350

22. Total Monthly Expenses (Add items 3-21)

\$ 880

**PART D – ESTIMATED AVERAGE NET MONTHLY INCOME**

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from 2)

\$ 1120



Fill in this information to identify your case:

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN DISTRICT OF WISCONSIN

Case Number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household.

## Official Form 106J

### Schedule J: Your Expenses

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No.
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☒ No
- ☐ Yes
- ☒ No
- ☐ Yes
- ☒ No
- ☐ Yes
- ☒ No
- ☐ Yes
- ☒ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$629.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$0.00

4d. Homeowner's association or condominium dues

4d. \$0.00

		Your expenses	
5.	<b>Additional Mortgage payments for your residence</b> , such as home equity loans	5.	\$0.00
6.	<b>Utilities:</b>		
6a.	Electricity, heat, natural gas	6a.	\$150.00
6b.	Water, sewer, garbage collection	6b.	\$0.00
6c.	Telephone, cell phone, internet, satellite, and cable service	6c.	\$80.00
6d.	Other. Specify: _____	6d.	\$ 0.00
7.	<b>Food and housekeeping supplies</b>	7.	\$200.00
8.	<b>Childcare and children's education costs</b>	8.	\$0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	\$120.00
10.	<b>Personal care products and services</b>	10.	\$45.00
11.	<b>Medical and dental expenses</b>	11.	\$10.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$50.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	\$100.00
14.	<b>Charitable contributions and religious donations</b>	14.	\$0.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	\$0.00
15b.	Health insurance	15b.	\$0.00
15c.	Vehicle insurance	15c.	\$0.00
15d.	Other insurance. Specify: _____	15d.	\$0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00
17.	<b>Installment or lease payments:</b>		
17a.	Car payments for Vehicle 1	17a.	\$0.00
17b.	Car payments for Vehicle 2	17b.	\$0.00
17c.	Other. Specify: _____	17c.	\$0.00
17d.	Other. Specify: _____	17d.	\$0.00
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	\$0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	\$0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a.	Mortgages on other property	20a.	\$ 0.00
20b.	Real estate taxes	20b.	\$ 0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$ 0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
20e.	Homeowner's association or condominium dues	20e.	\$ 0.00

21. **Other.** Specify: Postage/Bank Fees (\$5.00), Student Loans (\$140.00), 21. \$145.00

22. **Your monthly expense:** Add lines 4 through 21. 22. \$1,529.00  
The result is your monthly expenses.

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*. 23a. \$1,120.00

23b. Copy your monthly expenses from line 22 above. 23b. \$1,529.00

23c. Subtract your monthly expenses from your monthly income. 23c. -\$409.00  
The result is your *monthly net income*.

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No

☐ Yes. Explain Here:

**Fill in this information to identify your case:**

Debtor 1	<u>Jason</u>	<u>Mardell</u>	<u>Fields</u>
	First Name	Middle Name	Last Name
Debtor 2	<u></u>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>EASTERN</u> District of <u>WISCONSIN</u>			
(State)			
Case Number	<u></u>		
(If known)			

Official Form 106 Dec

## 12/15

**You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Name of Person _____.	Attach <i>Bankruptcy Petition Preparer's Notice, Declaration, and Signature</i> (Official Form 119).
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.	
<b>X</b> <u>/s/ Jason Mardell Fields</u> Signature of Debtor 1	<b>X</b> _____ Signature of Debtor 2
Date <u>09/16/2016</u> MM / DD / YYYY	Date _____ MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1	<u>Jason</u>	<u>Mardell</u>	<u>Fields</u>
	First Name	Middle Name	Last Name
Debtor 2	<u></u>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the : <u>EASTERN</u> District of <u>WISCONSIN</u>			
(State)			
Case Number	<u></u>		
(If known)			

Official Form 107

## 12/15

Part 1: Give Details About Your Marital Status and Where You Lived Before													
01. What is your current marital status?													
<div><input type="checkbox"/> Married</div> <div><input checked="" type="checkbox"/> Not married</div>													
02. During the last 3 years, have you lived anywhere other than where you live now?													
<div><input checked="" type="checkbox"/> No.</div> <div><input type="checkbox"/> Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</div>													
<table border="1"><thead><tr><th>Debtor 1</th><th>Dates Debtor 1 lived there</th><th>Debtor 2:</th><th>Dates Debtor 2 lived there</th></tr></thead><tbody><tr><td colspan="4">03. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)</td></tr><tr><td colspan="4"><div><input checked="" type="checkbox"/> No.</div><div><input type="checkbox"/> Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).</div></td></tr></tbody></table>		Debtor 1	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there	03. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)				<div><input checked="" type="checkbox"/> No.</div> <div><input type="checkbox"/> Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).</div>			
Debtor 1	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there										
03. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)													
<div><input checked="" type="checkbox"/> No.</div> <div><input type="checkbox"/> Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).</div>													

**04 Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No.  
☒ Yes. Fill in the details

	Debtor 1 Sources of income Check all that apply	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	17,800	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For last calendar year: (January 1 to December 31, 2015)</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	8,500	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that: (January 1 to December 31, 2014)</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	18,000	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**05 Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No.  
☐ Yes. Fill in the details

Debtor 1 Sources of income Describe below.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

06 Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payments	Total amount paid	Amount you still owe	Was this payment for...
-------------------	-------------------	----------------------	-------------------------

07 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No.

☐ Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
------------------	-------------------	----------------------	-------------------------

08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No.

☐ Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
------------------	-------------------	----------------------	--

**Part 4: Identify Legal actions, Repossessions, and Foreclosures**

09 Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No.

☐ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
--------------------	-----------------	--------------------

10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11

☐ Yes. Fill in the information below.

- 11 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

**No.** Go to line 11

☐ Yes. Fill in the information below.

- 12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No.

☐ Yes.

## Part 5: List Certain Gifts and Contributions

- 13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No.

☐ Yes. Fill in the details for each gift.

- 14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No.

☐ Yes. Fill in the details for each gift.

### Part 6: List Certain Losses

- 15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No.

☐ Yes. Fill in the details for each gift.

**Part 7: List Certain Payments or Transfers**

- 16 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No.

☒ Yes. Fill in the details

Party Contact Info	Description and value of any property transferred	Date payment or transfer	Amount of payment
<u>Geraci Law L.L.C.</u> <u>55 E. Monroe Street #3400</u> <u>Chicago, IL 60603</u>			<u>\$1,500.00</u>

Party Contact Info	Description and value of any property transferred	Date payment or transfer	Amount of payment
<u>Hananwill Credit Counseling</u> <u>115 N. Cross St.</u> <u>Robinson, IL 62454</u> <u></u>	Credit Counseling Services	2016	<u>\$25.00</u>





23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No.

☒ Yes. Fill in the details.

	Where is the property?	Describe the property	Value
Johnnie Fields, Jr.		2000 Buick LeSabre	\$2,000
Jason Fields for 11th Assembly	Wells Fargo Bank	Political contributions held in bank account	\$300

## Part 10: Give Details About Environmental Information

**For the purpose of Part 10, the following definitions apply:**

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

24 **Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No.

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

25 Have you notified any governmental unit of any release of hazardous material?

No.

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.

☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
-----------------	--------------------	--------------------

## Part 11: Give Details About Your Business or Connections to Any Business

**27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

**Yes.** Check all that apply above and fill in the details below for each business.

Debtor 1    Jason                      Mardell                      Fields  
First Name                      Middle Name                      Last Name

Case Number (if known) \_\_\_\_\_

Global Ex, LLC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the nature of the business**

Government Affairs

**Employer Identification number  
Do not include Social Security number or**

EIN: \_\_\_\_\_

**Name of accountant or bookkeeper**

**Dates business existed**

2011 - Present

28 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No.

☐ Yes. Fill in the details.

Date issued \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Jason Mardell Fields  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

Date 09/16/2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Jason Mardell Fields  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : EASTERN DISTRICT OF WISCONSIN District of  
WISCONSIN  
(State)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1:** List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____  Description of property securing debt: _____	<input type="checkbox"/> Surrender the property <input type="checkbox"/> Retain the property and redeem it <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** /s/ Jason Mardell Fields  
Signature of Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

Date Dated: 09/16/2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

# United States Bankruptcy Court

## EASTERN DISTRICT OF WISCONSIN

**In re****Jason Mardell Fields / Debtor**

Case No:

Chapter: **Chapter 7****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<b>\$2,095.00</b>
Prior to the filing of this statement I have received	<b>\$1,500.00</b>
Balance Due	<b>\$595.00</b>

2. The source of the compensation paid to me was:

☒ Debtor(s) ☐ Other: (specify

3. The source of compensation to be paid to me is:

☒ Debtor(s) ☐ Other: (specify

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Fee does **NOT** include missed meeting or court dates, amendments to schedules, adversary complaints or conversions to another chapter, judicial lien avoidances, dischargeability actions, other contested matters except the first meeting of creditors.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

Date: 09/20/2016

/s/ **Alexander Edward George**

Date

Signature of Attorney

Geraci Law L.L.C.

Name of law firm

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF WISCONSIN**

In re

**Jason Mardell Fields / Debtor**

Bankruptcy Docket #:

Judge:

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

**Dated: 09/16/2016**

**/s/ Jason Mardell Fields**

**Jason Mardell Fields**

**X Date & Sign**

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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**UNITED STATES BANKRUPTCY COURT****NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are



found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 09/16/2016

**/s/ Jason Mardell Fields**

**Jason Mardell Fields**

Dated: 09/20/2016

**/s/ Alexander Edward George**

**Attorney: Alexander Edward George**